() SI AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number 09/610142

| CLAIMS AS FILED - PART I | | | | | | | | | | | | | |
|--|--|----------------|----------------|---------------------------|--------------|---------------------|--|----------|--------------------|-----------------|-------------|---------------------|-----------------|
| (Column 1) (Column 2) | | | | | | | | | ENTITY | | | RTHAN | |
| FOR | | NUMBER FILED | | | NUMBER EXTRA | | 7 | TYPE | 1 === | or T | | ENTITY | |
| BASIC FEE | | | | the state of the state of | | | | + | RATE | FEE | 4 | RATE | FEE |
| TOTAL CLAIMS | | | % minus 20= | | | | - | | 345.00 | OR | 10 40 25 26 | 690.00 | |
| | | | | | | | | 4 | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS | | | / minus 3 = | | | | | | X39= | | OR | X78= | 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | +130= | 130 | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | | 10 | OR | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | TOTAL | 118 | JOR | TOTAL | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | ` | SMALL | ENTITY | OR | OTHER | |
| NT A | | CL | AIMS AINING | | П | HIGHEST NUMBER | | 1 1 | OWALL | ADDI- | | SMALL | |
| | AFTE AMENDI | | TER | | PF | REVIOUSLY | PRESENT EXTRA | | RATE | TIONAL | | RATE | ADDI- TIONAL |
| WQ | Total | | 7 | Minus | | PAID FOR | | ┨╏ | | FEE | 1 | | FEE |
| AMENDMENT | Independent | - | 1 | Minus | *** | | = /- | 1 | X\$ 9= | | OR | X\$18= | , |
| Ā | FIRST PRESE | NTATIO | N OF MI | E . | ł | | = / | 11 | X39= | | OR | X78= | |
| | | | | , l | +130= | | OR | +260= | | | | | |
| | | | | | | | | L | TOTAL | - | 4 ' | TOTAL | |
| | • | (Coli | ımn 1) | | (0 | olumn 2) | (Caluma a) | | DDIT. FEE | L | OR | ADDIT. FEE | |
| 8 | | CL | AIMS | | 1 | IIGHEST | (Column 3) | | | | | | - 1 |
| AMENDMENT | M. de | AF | AINING TER | | | NUMBER EVIOUSLY | PRESENT | П | RATE | ADDI- TIONAL | | RATE | ADDI- TIONAL |
| | Total | AMEN | DMENT | | F | AID FOR | | ! | | FEE | | INAIE | FEE |
| E | Independent | • 6 | , | Minus | ** | <u> </u> | = 0 | | X\$ 9= | | OR | X\$18= | |
| AR | FIRST PRESE | 1 | N OE M | Minus | *** | <u>5</u> | = 0 | IT | X39= | / | OR | X78= | |
| | THE STATE OF | MANO | OF MIC | CHPLE DE | END | ENT CLAIM | | ! | | / | | | |
| | | | | | | | | | +130≃ | | OR | +260= | |
| | | | | | | | | Al | TOTAL DDIT. FEE | U | OR , | TOTAL ADDIT, FEE | V |
| _ | | | mn 1) | | (C | olumn 2) | (Column 3) | | | | | | |
| AMENDMENT C | | REMA | INING | | | IGHEST IUMBER | PRESENT | lr | | ADDI- | Г | | ADDI- |
| | | AFT | TER DMENT | | PR | EVIOUSLY AID FOR | EXTRA | | RATE | TIONAL | | RATE | TIONAL |
| | Total | • | | Minus | ** | | = | ╽┠ | | FEE | - | | FEE |
| N N | Independent | | | Minus | *** | | = | | X\$ 9= | | OR | X\$18= | |
| <u>۲</u> | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | X39= | | OR | X78= | |
| .120 | | | | | | | | | | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, parts 20. **TOTAL | | | | | | | | | | | OR | +260= | |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |
| | i ngriesi numi | PI PISVK | ously Paid | ror (Total or | Indep | endent) is the | highest numbe | r found | f in the app | ropriate box | in colu | mn 1. | 1 |